

TO APPLY FOR THE MLA PROGRAM, PLEASE COMPLETE AND SIGN THIS FORM AND RETURN IT TO NOVELL.

Membership in the MLA Program is subject to all terms contained in this Membership Form and the Master License Agreement ("MLA"). Novell's acceptance of Your application is conditioned upon Novell assigning a unique MLA number to You.

| CUSTOMER INFORMA  | TION:                         |                               |         |              |        |                    |
|---|-------------------------------|-------------------------------|---------|--------------|--------|--------------------|
| CUSTOMER FULL LEGAL   | NAME:                         |                               |         |              |        | "YOU"              |
| Street Address:   |                               |                               |         |              |        |                    |
| City:   | State or Province, Post Code: |                               |         |              |        |                    |
| Country:  |                               | Telephone:                    |         |              | Fax:   |                    |
| Web Site:   |                               |                               |         | Business Sec | tor:   |                    |
| Type (Select One):  | ☐ Corporation                 | ☐ Partnership                 | Governm | ent 🗌 Educ   | cation | ☐ Other (Specify): |
| CONTACT INFORMATION:  |                               |                               |         |              |        |                    |
| Contract Coordinator:   |                               |                               |         | Position:    |        |                    |
| Address:  |                               |                               |         |              |        |                    |
| City:   |                               | State or Province, Post Code: |         |              |        |                    |
| Country:  |                               | Telephone:                    |         |              | Fax:   |                    |
| Email:  |                               |                               |         |              |        |                    |
| CONTRACT RELATIONSHIP:  |                               |                               |         |              |        |                    |
| Are You the Prime Customer (i.e. the first applicant in your group/organization) or do You wish to apply to join as a Subsidiary/Affiliate to an existing agreement?                    |                               |                               |         |              |        |                    |
| Please check relevant box: Prime Customer We would like to join as a Subsidiary/Affiliate   |                               |                               |         |              |        |                    |
| If You are not the Prime Customer, please indicate Your relationship to the Prime Customer below. (See "Affiliate", Section 2.1 and "Subsidiary", Section 2.12 of the MLA for details.) |                               |                               |         |              |        |                    |
| Please check relevant box:  Subsidiary Affiliate Parent of Prime Customer   |                               |                               |         |              |        |                    |
| If joining as a Subsidiary/Affiliate/Parent to an existing contract, please complete the following two rows:  |                               |                               |         |              |        |                    |
| Prime Customer's Name   | : State of Georgia            |                               |         |              |        |                    |
| Prime Customer's MLA (  | Contract Number:              | 127610                        |         |              |        |                    |
|   |                               |                               |         |              |        |                    |

As used in the MLA and this Application Form, "Novell" means the Novell entity named below depending on Your region/country of establishment:

| Region/Country                             | Novell Entity                   |  |  |
|--|---------------------------------|--|--|
| Americas, Asia-Pacific                     | Novell, Inc.                    |  |  |
| Europe, the Middle-East and Africa:        |                                 |  |  |
| Austria                                    | Novell GmbH (Austria)           |  |  |
| Belgium/Luxembourg                         | Novell Belgium N.V.             |  |  |
| Denmark                                    | Novell Danmark AS               |  |  |
| Finland                                    | Novell Finland OY               |  |  |
| France                                     | Novell S.A.R.L.                 |  |  |
| Germany                                    | Novell GmbH (Germany)           |  |  |
| Italy                                      | Novell Italia srl               |  |  |
| Netherlands                                | Novell Nederland B.V.           |  |  |
| Norway                                     | Novell Norge AS                 |  |  |
| Spain                                      | Novell Spain SA                 |  |  |
| Sweden                                     | Novell Svenska AB               |  |  |
| Switzerland                                | Novell AG                       |  |  |
| United Kingdom                             | Novell UK Limited               |  |  |
| Elsewhere in Europe, Middle-East or Africa | Novell Ireland Software Limited |  |  |





Contract Number (Novell Use Only): .....

## By signing below, You confirm that:

- the information You provide in this Application Form is true and accurate;
- You have received a copy of the MLA, have read and understood it, and agree to be bound by its terms;
- You are and will be subject to any changes or amendments of the MLA between Novell and Prime Customer (and You
  certify that You will obtain a copy of any such amendments or changes); and
- the person signing below is an authorized representative of Your organization.

| • | NΑ     | _ | <br>_ | _ |
|---|--------|---|-------|---|
| • | <br>NΛ |   | <br>× | - |
|   |        |   |       |   |

| Customer<br>Signature: | Print Name of Signatory: |  |
|------------------------|--------------------------|--|
| Title:                 | Date:                    |  |

Please return this Application Form, <u>along with a copy of your initial purchase order</u>, to the address below. Keep a copy of this Application Form and the MLA terms for Your records.

| Americas & Asia-Pacific        |   |  |  |
|--------------------------------|---|--|--|
| Fax to:                        | 1-801-861-2855  |  |  |
| AND mail the original form to: | Novell Contract Management, 1800 South Novell Place, M/S D231, Provo U84606 USA                                       |  |  |
| Europe, Middle-East & Africa   |   |  |  |
| Fax to:                        | 00 353 1 6058089  |  |  |
| AND mail the original form to: | Novell Ireland Contract Administration, Treasury Building, Lower Grand<br>Canal Street, Dublin 2, Republic of Ireland |  |  |

The following applies to customers located in the European Union only:

Any personal information submitted to Novell will be stored in databases controlled by Novell or its affiliates (including in the U.S.A). Such information is required by Novell and Novell-authorized resellers to fulfil their obligations under the MLA Program. Such personal data may be used by Novell entities and/or Novell partners to provide general information on Novell products and services.

If You do not wish the data to be used outside of the Novell group to provide You with general information on Novell products and services, please check this box If You do not wish the data to be used by Novell entities to provide You with general information on Novell products and services, please check this box .